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ABSTRACT

This report offers an evaluation of services for families in New York State, finds that system is in chaos, and proposes a 5-year commitment to integrate programs and funding in six agencies. The report finds that billions of federal, state, local, and private dollars are committed annually to support separate service systems with no imperative for the systems to work together. These separate systems have functionally crippled themselves by adding layer after layer of complexity producing a system immobilized by separate bureaucratic requirements. The paper argues that one root of the problem is the more than 200 separate funding streams supporting services for multi-problem families. In addition, the culture within New York State agencies has contributed to agencies not sharing information and resources. The paper goes on to argue for the implementation of community-based integrative service planning, which would result in more productive, effective, and economical service provision. The balance of the document offers further information on and a detailed discussion of the proposed plan of reform, including a discussion of delivery of services, economics and service needs, structural change, models that work, and an action plan. (Contains 18 references.) (JB)

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Challenging Systems to Meet Families' Needs

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Service Integration:

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by ELIE WARD

Statewide Youth Advocacy, Inc.

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"The task of leaders is to have a
sense of where the whole system
should be going and to institutionalize
the problem-solving that will get it there.
And the pace of change is such that
they will find themselves constantly rebuilding
to meet altered circumstances."

JOHN GARDNER
The Changing Nature of Leadership

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Service Integration: Challenging Systems to Meet Families' Needs

INTRODUCTION

Call to action

For more than 20 years, advocates have been calling for integrated, community-based services for the at-risk children and families of New York State. Our current call to action is in response to a human services system in chaos. As the needs of New York's families escalate, and resources to support systems diminish, the ineffective and fragmented way we deliver services can no longer be tolerated.

Failure of service systems

Billions of federal, State, local and private dollars are committed annually to support separate service systems with no imperative for the systems to work together. Over the years, these separate systems have functionally crippled themselves by adding layer after layer of undue complexity, producing the present family and children service system immobilized by a plethora of separate bureaucratic requirements.

THE PROBLEM

Funding streams

Today there are more than 200 separate funding streams supporting services for multi-problem families. These funding streams, scattered across multiple State agencies, were all originally designed by well meaning, single minded people to address a specific problem for a specific population as perceived and experienced by a specific system. Despite the original good intentions and positive responses to defined constituencies that these programs reflect, the end result is an unwieldy, expensive, isolated, overly regulated and complex system.

In addition, the culture within New York State agencies has, over time, contributed to agencies not sharing information and resources. It has worked against agency personnel identifying mutual clients and working together to meet consumers' needs. Existing agency environments reward those who stay within the agency's limits and limitations. Survival and maintaining the status quo is the accepted norm.

Status quo

It is this subtle intra-departmental message of "us vs. them" which has permitted and, in fact, encouraged the State to continue to support separate programs within various agencies for the same populations. Multi-problem families are forced to negotiate an unnecessary web of complicated bureaucratic

requirements to access services to meet their multiple needs. Commitment to turf, and suspicion of coordination are the accepted approaches to the day to day operations of most departments. It is this same rivalry which characterizes State agency behaviors during budget making and lobbying. *The complexity of the systems combine with the agency climates to produce overwhelming fragmentation within and between agencies.*

This historic distrust and isolation between State agencies has contributed to today's system failure which requires disadvantaged and disorganized families to accommodate multiple systems in various locations with varying expectations. It has also, through the trickle down effect, infected county and city service systems.

For the most part the county-wide systems, linked to State agencies through regional representatives and commissioners' liaisons, mirror State agency behavior, cling to regulations, and do not have incentives to cooperate. One of the most tragic results of our current monolithic system structure is that the failure of the systems to work together has consistently been translated into failures for fragile families. These failures are often interpreted as a "nothing works" phenomenon.

New York State has been inundated with reports and recommendations from advocates, Legislative and Executive committees and task forces proposing various reasons and specific methods for creating cross system services in the child welfare/family service arena.

Beginning with a Legislative study done in 1974, through the passage of the New York State Child Welfare Reform Act in 1979, the federal Adoption Assistance and Child Welfare Act in 1980, and the New York State Family Policy Act of 1990, New York has been struggling with the tension created by outside pressures to integrate and inside pressure to maintain the status quo system structure. The outcome, to date, has been more targeted, categorical funding, and virtually no integrated services at the State planning or the local service delivery level.

We believe that the implementation of community-based integrative services planning, if done with care, can result in more productive, effective, and economical service provision.

During the last several years, the unified message from the American Public Welfare Association, the child welfare and family preservation services community, community development advocates, children's health, education, and substance abuse professionals, has been that integrated services for multi-problem children and families make sense. The current system of fragmented services is simply not doing the job.

WE PROPOSE

We propose a five-year commitment from the Executive and the Legislature to integrate program and funding in the areas of Child Welfare, Mental Health, Health, Juvenile Justice, Substance Abuse Services, and At-Risk Programs in the Education Department.

Year One	The Department of Social Services, Office of Mental Health and the Division for Youth identify core services that their mandates and funding streams require for at-risk children and families.
Year Two	The Department of Health and the State Education Department would do the same.
Year Three	Plans would be developed to integrate services across departments.
Year Four	State agencies would produce a State plan including guidelines and new regulations to support the integration plan. The cooperating agencies would develop a core service plan integrating services across agencies and funding streams as a guide to counties.
Year Five	County implementation would begin.

Action Plan

The Action Plan for Implementation would be supported by:

- Creation of a State cross systems work group to focus specifically on obtaining federal waivers to make decategorization possible for a State-wide model. ***Years One through Five; and if needed for support, on-going.***
- State policy which gives priority for the development of substance abuse service slots targeted for parents of children facing out-of-home care. Protocols at the State level will support preventive services, especially intensive home-based family preservation services, to access substance abuse slots for families in care. ***Year One.***
- The accelerated development of family-focused substance abuse treatment. ***Years One and Two.***
- Phased-in collapsing of child welfare, mental health and juvenile justice funding streams in the supportive and preventive service areas. ***Years Two and Three.***
- Phased-in integration of core health, preventive and primary care, SED youth-at-risk, and other student and family supportive services. ***Years Three and Four.***

- Integration and cross training of all departmental regional staff so that they are capable of supporting local integrative action planning. ***Years Three and Four.***

- Invitation to five counties to produce a single comprehensive service plan for child welfare, mental health, children and youth, and juvenile justice services. ***Year Four.***

- Provision of technical support and training for counties, cities, and localities to develop and implement cross system programs. ***Years Three and Four.***

- Passage of integrative services legislation modeled on Wisconsin's Children Come First and Iowa's Integrative Services Agenda. ***Year Four.***

BACKGROUND

Delivery of services

In 1988 the Governor's Task Force on Children and Youth published a well received document, There ARE Better Ways to Serve Children. This comprehensive, thought provoking study gave specific recommendations for improving the delivery of services to multi-problem children and their families.

Many of the suggestions, planning initiatives, and solutions proposed by the Task Force had the potential of significantly improving the design and delivery of services to New York State's multi-problem families. And yet, despite the quality of the report and its clear action plans, it stimulated little real change. Apparently the Task Force members, commissioners of the major children and family-serving State agencies and key representatives from the Legislature, under the leadership of the Governor's Director of State Operations, did not move to implement the recommendations of their own report.

The obvious connections between foster care, poverty, substance abuse, health, mental health, nutrition, school failure, welfare dependency, and juvenile justice involvement, defined by the Task Force members (and many others, both inside and outside the systems) and enunciated in their report, did not impact on interagency relationships. The systems continue to operate as if they are dealing with children and families (if they deal with families at all) in isolation. There has been no concerted effort to integrate services planning, consolidate funding streams and simplify eligibility processes. New York continues to deliver services to multi-problem families in a fragmented, expensive and often ineffective "business as usual" way. Why?

Because, absent Executive or Legislative leadership, the State continues, through inaction and the inertia of structured bureaucracies, to support the existing monolithic service systems. There has been no Statewide effort to integrate services, to force systems to recognize that they are treating many of the same families for similar problems, to encourage systems to create opportunities and support for communities to serve their vulnerable children and families in more effective ways.

WHAT'S AT STAKE?

Restructuring of programs

Today the crisis for New York's families is escalating, but the State financial crisis is escalating as well. We can no longer afford to "do business as usual." New York State must move toward integrated services for children and families or risk total system failure. It is fair to say that without a restructuring of the major programs and the funding streams which support child welfare and family preservation efforts, New York will fall further and further behind in its ability to meet the needs of vulnerable children and their families. ***Strong and persuasive Legislative and Executive Leadership is required to move the system of children and family services forward. History has shown that without strong leadership, change will not happen.***

Despite the investment of billions of dollars in foster care, preventive services, mental health services, substance abuse services, health initiatives, and education, vulnerable children and families in New York State are not getting the kind of help they need to restore and maintain family stability and independence.

Proof of this system failure is easily demonstrated: the 65,163 children in foster care in New York State;[1] the outrageous school drop-out rate; the tragic teen pregnancy rate; the unacceptably high rate of low birthweight babies; New York State's third world rate of pre-school immunization. All of these indicators present the profile of a system in chaos. There can be no better argument for an integrated children and family service system than the current unacceptable outcomes for poor children and their families.

ECONOMICS AND SERVICE NEEDS

Living in poverty

As the hard economic times in New York State continue, the needs of economically fragile families escalate. Between July 1990 and July 1991 an additional 91,504 participants were added to the public assistance recipient rolls in New York State. This is a 7.5 percent increase over the 75,525 people who were added between July 1989 and July 1990.[2] As of February, 1992, 1,487,739 people were receiving public assistance in New York State.[3] A recent Community Services Society report indicates that during 1990 more than 25 percent of the residents of New York City were living below the Federal Government's poverty threshold.[4] One in four of the City's residents were struggling to survive abject poverty in one of the most expensive cities in the world.

The escalation in family poverty is important to child advocates. The correlation between family poverty and family crisis cannot be ignored. More than 92 percent of the children in the child welfare system are from families at or below the poverty line.[5] With a rise in poverty, therefore, we can anticipate an increase in child welfare cases.

Family poverty also impacts on children's health and nutrition. It is an indicator in school failure and in substance abuse. The economic hard times in New York State are not over; they are continuing to push economically fragile families over the edge into the public support and service systems. New York is experiencing a population of children and families with more needs at a time that the State has less resources.

Multi-problem families

As voiced in a recent report by DSS defining the problems associated with providing adequate and effective placement prevention programs to high risk, multi-problem families, "The findings on service needs point dramatically to the compelling need for a broad range of services of different types to meet the multiplicity of problems that threaten the breakup of families and the placement of children into foster care...Improved access to services through stronger ties between DSS and non-DSS agencies is becoming critical. This calls for innovative funding strategies that will encourage the development of coordinated multi-agency, multi-funded programs to meet a broad range of needs."[6]

More than a third (36 percent) of children in foster care, have no identified child problem. The problem which created the need for placement was a parent-centered problem. This profile of family problems is further supported by that fact that 78 percent of the children in foster care studied in the DSS preventive services study had siblings who were also in foster care. The systems we have in place seem unable to support parents during times of need. They are not sufficient to keep families together.

The report recognizes that the majority of families receiving preventive services are "...experiencing multiple problems of a serious and chronic nature...tend to be crisis prone and lack basic life and problem solving skills...are commonly experiencing problems related to parent mental illness, domestic violence, alcohol abuse, homelessness, and/or drug abuse. An increase in families experiencing poverty and of young parents with poor parenting skills is also reported." ***This DSS report is an eloquent argument for State leadership in the development of integrated, community-based services for at-risk children and their families, and yet there has been no substantial change.***

Poverty and substance abuse

Recent trends indicate the inextricable relationship between poverty, substance abuse and family breakdown.

- An estimated 24,000 New York State babies were born with drugs in their systems in 1990.[7]
- The Division for Youth reports that approximately 60 percent of youth screened at intake have a need for chemical abuse treatment.[8]
- Foster care facilities report that up to 25 percent of their residents are substance abusers.[9] The Department of Social Services indicates that three out of four parents of children in foster care are substance abusers.[10]
- Children from families living below the poverty level are twice as likely to be retained in a grade than their more advantaged peers.[11]
- Across New York State 33.3 percent of dropouts attended school in districts which had a high percentage of poor, minority students.[12]
- The number of pregnant women eligible for prenatal care through the PCAP program is estimated to be 130,000.[13]
- New York State's infant mortality rate is 11 deaths per 1,000 live births, among the highest in the country.[14]
- Preschool children in New York City have a worse rate of immunization against measles, T.B., and other diseases, than the children in Uganda, Grenada and Mexico.[15]
- Division for Youth screening indicates that almost one third of the children in their custody need mental health services.[16]
- Mental health services for children are woefully inadequate. To meet even the lowest estimate of need,

New York State would have to double its current level of children's mental health services.[17]

Family preservation

We know what kinds of services are most valuable to family support and preservation efforts. We know that intensive home-based family preservation services work for multi-problem families. This program approach has proven its effectiveness with families who have substance abuse, mental health and child abuse and neglect problems. We know at-risk families need intensive hard and soft services up front. We know that well-trained case managers can and do broker services for vulnerable children and families. We know that "overwhelmingly drug abuse and alcohol abuse are becoming the most prevalent problems experienced by families in need of preventive services."[18] A recent study indicated that 64 percent of foster care sample cases had parental drug or alcohol abuse as the parent problem precipitating placement.[19]

A report from the Assembly Committee on Alcoholism and Drug Abuse estimates that 10-20 percent of women of childbearing age have problems with addiction.[20] Eighty percent of the estimated 850,000 regular drug abusers in New York State are under the age of 35. The largest percentage of abusers are of the same age group which comprises the largest percentage of adults who are of childbearing and child rearing age. Many of these abusers are parents. They and their children need help. And yet, help is not available.

The number of addiction treatment slots to help parents overcome their drug and alcohol dependence is completely inadequate. Nearly one-half million (500,000) New York State children are living in households where drug and alcohol abuse affects their lives. Almost half of these children are under the age of six.[21] ***And yet there is no State policy which insists that substance abusing parents with children on the verge of foster care placement have access to appropriate family supportive treatment on demand. Priority has not been given to the allocation and development of family-focused treatment slots.***

Mental illness

Mental illness is also a significant contributor to the foster care and preventive services sample studied by DSS -- 21.5 percent of families with children in foster care had parent's mental illness as the presenting problem; 28.4 percent of families in the placement prevention program had parental mental illness as the presenting problem. And yet, New York's community-based mental health services are not even close to meeting existing needs. Waiting lists for parents and for children who need mental health services are long and getting longer. In some areas it takes as long as four to six weeks for a child to be seen and even longer for an adult. Community-based mental health services for children and parents must be a priority program development initiative for New York State. ***If dollars saved from foster care placement, averted through the provision of needed family support services, can be***

reinvested in community-based mental health and substance abuse services, we would be able to keep more families together, keep children out of foster care, and stabilize vulnerable families at less cost.

Lost opportunity

We urge New York State to take a hard look at what they are doing and how they are doing it. Both the Executive and the Legislature had an opportunity in this past disastrous budget year to pressure for integrated services and the development of more intensive family preservation services. The crisis of the budget created the opportunity for innovative changes in moribund systems.

Instead, after all the arguing, public posturing, and last minute furious negotiations, the State got more of the same with less money to support systems. Rather than deal with reality of the financial drain that monolithic, isolated service systems perpetuate, the State decided that it would keep everything in place and just cut the resources available. This lack of courage and leadership will inevitably translate into fewer services for New York's growing number of needy and vulnerable families.

CURRENT STRUCTURE: A PART OF THE PROBLEM

Pilots

New York has a good track record in producing pilot programs and demonstration projects; programs which are created to meet a perceived need in a specific location, or programs like Comprehensive Employment Opportunity Support Center (CEOSC) or the Neighborhood Based Initiative (NBI) which provide an opportunity for specific localities to experiment with the systems. Local entities, however, have had a harder time trying to get their ideas for system change implemented. Most often specific State agencies do not offer flexibility in contracting or integrating dollars and staff.

Whether integrated community-based programs for at-risk children and families are created by Executive interest, Legislative pressure, local commissioners in a specific county, or local community-based agencies, they tend to be site specific and often short lived. Most often, they do not survive because either the State removes the structural and/or financial support, or the State or local leadership that created them moves on. Innovative programs do not become part of the human service service delivery structure; they do not become the new way of "doing business." No matter how effective and cost efficient, they do not proliferate across the State.

The reasons for this programmatic "failure to thrive" are both political and structural. New York State has a centralized State agency structure, but a completely diversified county, city, town, and village structure. If a county, municipality, town or

village -- for reasons of dollars, philosophy or political self-interest -- does not commit to a State offered program, its implementation is weak and ineffective. If the State -- for various reasons of agency culture, lack of interest, or lack of vision, etc. -- does not support a local entity's program initiative, the local program can become a battleground.

Quality

In addition, the State has very little control over the actual quality of programming at the local level. There is no rational mechanism to impose State will on the counties. The only option the State has is to "sanction" a county. This approach ends up hurting those who need services, since it withdraws dollars from programs.

As a result of this no power/no leadership system, the inequality of service access and quality for various populations across the State is astounding. The central administrations of the Department of Social Services, Department of Health, State Education Department, Division for Youth, Department of Mental Hygiene (which includes Division of Substance Abuse, Alcohol and Alcoholism Services, Division of Mental Health, and Division of Mental Retardation and Developmental Disabilities), are responsible to the Governor to provide leadership in the implementation of State and federal programs.

Barriers

The county commissioners of all of these departments -- those people who work at the county level -- are hired by the County Executive and the County Legislature. They owe their allegiance to those who pay their salaries. Apply this structural grid lock to the separate bureaucracies, and one has a system where dollars move in parallel streams from the State to the local governments. Nowhere in this system is there an imperative that indicates that different agencies must cooperate in serving the same clients. In fact, the imperative is just the opposite, *i.e.* to maintain the status quo. Therefore, we continue to maintain separate systems interacting with vulnerable children and families at multiple levels.

STRUCTURAL CHANGE: A PARTIAL SOLUTION

Integrated service structure

One answer to our current systemic fragmentation is to insist on statewide planning that would create an integrated service structure for vulnerable children and their families designed from the top down and from the bottom up.

This structure would require that State Department of Social Services, Department of Health, Office of Mental Health, Divsion for Youth and State Education Department create a framework for comprehensive service planning for at-risk families which would allow for flexibility to meet local needs. By identifying the core services for at-risk children and families

required by each State entity, the State agencies could create a service outline for counties to follow.

The cooperating State agencies would work to identify the programs and their funding streams within their departments which serve at-risk children and families. They would then collapse the categorical programs into core service components across departmental lines. Flexibility would be encouraged beyond the core through the provision of dollars already targeted to specific programs. The actual on-site structure of services and service delivery would be left to the county. If federal regulations inhibit this process, the State should move to apply for federal waivers. Recent information from Health and Human Services indicates that they are looking for new approaches to service delivery, and would be open to innovative efforts.

Legislative "Adds"

One issue that must be addressed in the design and implementation of integrated services is the funding of Legislative "adds," or member items, in human services.

In New York State, members of the Legislature make constituency-based decisions and include monies in the Legislative budget to fund specific statewide and local programs. These programs, if passed with the full budget, are then administered by the most appropriate State agency. Dollars for Legislative "adds" vary. In some cases, funding is in the hundreds of thousands of dollars, in other cases, it can be as little as $1,500. Human services Legislative "add" dollars in recent budget years are estimated to be approximately $30 million.[22]

Although many of the Legislative "add" programs are important, and in some cases vital to the communities they serve, their support is completely dependent on political whim and is neither stable nor rational. Funding must be renewed year to year. Renewal is almost always in response to significant political pressure. These dollars are never included in any agency's budget planning or service planning. This eccentric approach to program and service development simply does not make sense.

We propose that each participating State and county agency review existing Legislative "adds" under its current purview and identify those which are serving vital community needs. These programs would then become part of the agency's program and budget plans in the following years. Support would come from direct contracts with State agencies or counties. Agencies which have not demonstrated their effectiveness, or those which are not serving a high priority population, would no longer be eligible for State dollars.

If the State agencies and the counties are engaged in true comprehensive children and family services, the programmatic need for the Legislative "add" process would disappear. Legislators could focus their attention on getting more dollars for programs included in their local comprehensive planning process. Localities would be feeding needs up to counties,

counties would be processing plans to meet the indicated needs, and the State would be working to help counties identify appropriate avenues of financial support for needed programs under the integrated services concept.

COMPREHENSIVE PLANNING

Investments in change

Instead of the current system which requires separate county planning activities and separate "comprehensive plans" for social services, health, mental health, substance abuse, youth services, etc., the State should move to a single truly comprehensive plan submission for family and children services from each county. This would reduce duplicative county planning requirements, and provide mandate relief which the counties sorely want and need, without reducing dollars or the ability to plan to meet local needs. Comprehensive services planning would also encourage counties to think about using dollars in an integrated system for child welfare/family support services. This process would also encourage counties to "own" their locally designed programs, and be invested in making them work.

Services to meet the needs of multi-problem families and to help keep families together -- whether they be parenting skills, respite care, housing subsidies, health care, homemaking, substance abuse treatment, job training, day care, special education services, job placement, literacy training, mental health treatment, nutrition education, housing assistance -- must be made available to multi-problem families, whatever system they enter. These services must also be designed to be non-stigmatizing and accessible, preferably, if possible, at the neighborhood level. They must be available to be brokered by caseworkers for families in need.

Consolidation of administration would be a county option; coverage of core services would be required, and the development of innovative structures to deliver services to at-risk populations would be encouraged. Counties would be held to improved outcomes for targeted populations. Certain standards would be imposed, particularly in terms of the numbers of multi-problem families that would be served, and the quality and quantity of core and enhanced services which would create a floor for service delivery. Measures could include the number of families diverted from out-of-home placement, the number of mentally ill children and the number of mentally ill parents served in their home communities, the number of community-based family supportive substance abuse treatment slots developed, the number of division for youth facility placements averted.

Block grant option

Simply block granting child welfare dollars, as suggested by the Senate for several years, is an understandable but inadequate response to the current problem. This approach does not take into consideration the differences in county expertise and commitment. It does not address the real question of how to integrate children and family services across systems, and it does not provide protection for consumers.

Block granting dollars may lead to increased creativity, but it may also lead to lack of reasonable efforts on behalf of the multi-problem targeted population. *Any loosening of mandates, regulation or law at the State and local level must be accompanied by comprehensive planning, targeting service populations, and an interagency oversight and monitoring function to protect those most in need of access to the multiple services.*

FIRST STEPS

Public commitment

To start the process, the State, through its Executive and Legislative leadership, must make a public commitment to integrate existing family and children services through a comprehensive planning process at the State and local levels.

This commitment could most easily be demonstrated by drafting and passing a comprehensive planning statute which specifically outlines the responsibilities of the State agencies and county service delivery systems across agency lines. Such a statute would require:

- The cooperating State agencies to identify the core services and the funding streams to be collapsed.
- Cross training between staff of the participating service agencies.
- Each county to submit a tally of its at-risk families. This would be the target population for the core services of the integrated comprehensive county plan.
- A system to appoint a single case manager from the participating agencies for each multi-problem family.
- Case conferencing and brokering protocols to be developed. Models could be offered by the State planning group, or counties could propose their own approaches.
- Counties to develop intensive home-based family preservation services modeled on the Homebuilders Program to help support their move to work with the whole family. This model can be applied to all at-risk families regardless of agency involvement.

Universal intake

Access to the integrated service structure would be through a revised universal intake process which would include a family-focused assessment and referral component. This process would indicate what services a family would need to overcome the presenting problems. Again, this concept is included in the intensive family preservation model of service. It is also a component of the JOBS program. There is no reason it cannot become part of every agency's intake procedure. If there are inadequate services for the targeted population in the county, program development expertise would be provided by the State or an existing local entity to meet the need.

Case management

Having a single cross system case manager brokering services for the targeted families would create an integrated case plan and would enable a county to have an annual accounting of service gaps. The State agencies would be required to identify potential funding streams, or combinations of streams, which could fund the needed services as they are identified. An ongoing federal waiver process would support needs as they arose from the counties. Additionally, the county would be able to direct its dollars and services in a more purposeful way. Any dollars saved would be required to be reinvested in service development and delivery.

Cross-system meetings

County commissioners of the cooperating departments would be required to meet once a month to review the services they provided to the target group, and to bring suggestions for improvement. New funding opportunities from the State and federal governments could be identified at these meetings and counties could develop plans for accessing the dollars within the context of their plans. This process would lead to cooperation and mutual planning, rather than the current fragmented system.

Case management dollars available from Medicaid funded programs could be combined with case management resources for JOBS, intensive case management from Mental Health, protective and preventive, foster care IVe, substance abuse, juvenile justice, PCAP, youth-at-risk, and other sources targeted to serve multi-problem families within the purview of the State and federal governments. These dollars would create a single stream for the support of comprehensive services to multi-problem families. The county comprehensive services plan would be required to maintain State defined minimum standards for core services to protect the needs of vulnerable children and families. If these assurances were not met, the plan would not be approved. It would be the State's responsibility, through its departments, to provide the technical assistance necessary to help the county develop an acceptable plan.

Long-term change

As an incentive to counties to move in an integrated services direction, the State must assure that any money saved by consolidation will be returned to the counties for reinvestment in services to families and children. The State must also ensure that it is making a long-term commitment to comprehensive planning for at-risk children and families. The counties, strapped

financially and having experienced State "experiments" before, must be comfortable with the new initiative. One benefit that could improve the chances for success would be the mandate reduction that would accompany comprehensive planning.

SIGNS OF SUPPORT

Targeting federal dollars

Recognizing its own major contribution to the current fragmentation of services, the federal government is exploring its options to reduce categorical requirements on the states. The current Downey/Panetta Children's Initiative Bill, H.R. 5600, and its companion in the Senate, S.4, is an attempt to integrate and target federal child welfare and substance abuse funding to preventive, family-focused integrated services. In addition, the federal government, through Health and Human Services, is offering integrative services grants to states who want to design integrated service systems. New York State has an obligation to show its counties that it, too, will participate in a real way to demonstrate the value of moving toward integrated services.

We recommend that the State move in this direction immediately. With the increasing financial problems faced by the State's human service infrastructure, reform cannot wait. The monolithic structures must be deconstructed and reconstructed in a responsible, service-oriented manner.

Action now

- Oversight monitoring must become a shared interagency task.
- A single licensing and certification format for all human services programs must be developed.
- Overlapping systems must be eliminated.
- Contracts for services must be revised to reflect a multi-service perspective.

This approach would provide leadership and expertise across systems and would bring sometimes conflicting regulations into a unified code that would protect vulnerable populations. This is all doable, if the structures at the State level are expected to cooperate instead of compete. There is no possible way that a carefully planned and designed integration of family oriented services will result in fewer or lower quality services being delivered to the consumer.

MODELS THAT WORK

Leading to change

How can the State better serve its ever growing number of distressed families? New York State, through its Executive agencies, must aggressively lead its communities toward integrating supportive services for at-risk families.

There are some models that are being implemented in counties and cities across the State. Some are State supported pilots, some are the ideas of people at the local level who believe they can deliver services better. Other programs are in operation in Iowa, Wisconsin, and Ventura County, California. Pockets of innovations are operating throughout our own State and the nation. To date, however, there has been no commitment from New York State to support real systemic change.

Family Support Programs

Community-based services

The experiences of small programs here in New York State and larger programs in other states, indicate that consumer driven systems improve quality of service. Baltimore's experience with its Family Support Centers has indicated a reduction in out-of-home care, a reduction in child abuse and neglect, a reduction in welfare dependency and a reduction in repeat teen pregnancies in the communities with the centers.

These centers are community friendly. They offer both hard and soft services to parents and children. In some centers, parenting skills are offered with child care and job training. Other centers offer family planning, child care drop in center services, and medical care. Parent groups and socialization opportunities are always part of the center program. One center attracted young parents when it first opened by offering washing machines and dryers so young mothers could do their laundry.

The Sunset Park Program in New York City is a model of community-based, family support services. The Sunset Park model provides family focused services to the residents of Sunset Park in a community based, non-judgmental, neighborhood program. The goal of all programs offered within the Sunset Park Program is to keep the family services in the community, and available to those who need them. The family support, family preservation perspective pervades all programming, which attempts to keep members of a single family as physically and geographically close as is possible.

Modeled for success

Northumberland County, Pennsylvania -- a county in disarray, and about to have its family and children's services taken over by the State -- reorganized the way it delivered children and family services. First, the position of a County Director of Human Services was created. This change put all human services under a single authority. It consolidated children's mental health, mental retardation, juvenile justice and children and youth services within a single office. Public and private community leaders in the fields of children and family services were brought together and designed and implemented The Children's Clinic.

The Children's Clinic offers line caseworkers, from any system that deals with children and families, a case conferencing opportunity for cases that present complicated or multi-problem issues. Representatives from substance abuse, mental health, mental retardation, school, child welfare, juvenile court, or any other service system are required to cross systems case planning for the family.

The key to the success of The Children's Clinic is that the agency representative sitting at the table has the authority to "get" the service for the family. This is an empowerment model which treats clients as consumers, families as partners in therapy, and workers as professionals.

The success of this model is supported by the fact that today, Northumberland County does not have one child in an out-of-county placement. The full family assessment and cross systems case conferencing has allowed the county to identify service gaps, and the dollars saved by cooperation and collaboration have given the county dollars to buy more services. No child or family in this county waits for a mental health evaluation, substance abuse treatment, or any other service. The Clinic has been running for seven years, and according to professionals in the county, it gets better every year.

This particular model can be replicated at a county, city or neighborhood level. The full family assessment links families only to the services they need. Only one agency provides case management for the family, reducing fragmentation.

These are only two models; there are many more. The Cabrini Green integrated services model in Chicago provides multiple services for the housing project's population, mainly young single parents. This is a one stop shopping model which provides hard and soft services in a neighborhood setting. The Families First model of intensive home-based family preservation in Michigan is multi-disciplinary and brokers services for clients. It also has a substance abuse component.

New York State highlights include:

- The funding of the family support community programs which are designed to provide pregnant and parenting substance abusers with an escalator of services to overcome addiction and keep families together. Although slow to get up and running (not one bed is yet available), the State has maintained its commitment to this service despite budget difficulties.

- CEOSC's which provide community-based, one stop shopping for parents on AFDC who want to move into job training and work.

- The State Neighborhood Based Initiative (NBI) is a model program originally conceptualized as a way for distressed communities to participate in the development of integrated, community based human and community development services for their residents in need. Originally funded at $2.5 million it was finally passed with a $500,000 allocation. It is not a statewide, structural or systemic initiative. NBI requires that the various State agencies participate in the planning and implementation of a service plan for the six participating communities.

- The Community Schools Programs which identify and support the provision of community support services in public schools.

Although these efforts are struggling to address the problems of families and communities plagued with the problems of poverty, they are tiny efforts.

These efforts are not receiving major State support, and they are not fast tracked so that many other communities could potentially benefit from their success. Impediments to their wider implementation include the often difficult and conflictual relationships between major State agencies.

Highlights of local efforts include:

- In New York City progress is being made in targeting multi-faceted prevention services toward more focused, intensive placement prevention efforts. A recent decision by the Commissioner of HRA, with the support of the Director of CWA, will move the City to use $12 million of its foster care funding for family preservation/placement prevention programming.

- The Sullivan County program to bring hard to serve youngsters back into the county from out-of-county placements.

- The Chemung County effort to design a county-based, integrated system for services to multi-problem families.

- New York City's Family Ties program which has demonstrated the capacity of intensive home-based family preservation to avert DFY placement has been up and running successfully for more than two years. It continues to have an 80 percent success rate.

- Erie County's Council on Children and Families, a body which works with public and private agencies toward a sensible network of children and family services.

- Onondaga's efforts toward service integration galvanized around high infant mortality rates.

- The New York/New York Connect Program, which was to integrate the services of Department of Health, Social Services and Substance Abuse to provide coordinated services for pregnant drug abusing women and their soon to be born babies in three highly distressed communities in New York City. This is a small program that has had significant difficulty becoming operational, but the concept holds promise.

In New York State, investing in families is still not the norm. New York State can and should take a leadership position in this difficult area. The dollars we are currently spending could be more effectively invested in a cross-systems approach, which we believe will not only be more cost effective, but would also produce better outcomes for families and communities.

ACTION PLAN

Executive leadership

The Executive must make a commitment to integrate the key children and family services agencies. This commitment must be marketed to the Legislature as a necessary and important improvement in systems service delivery. History has shown that only high level Executive and Legislative leadership can force any systemic change in New York State.

Legislative support

- The Governor must make a public statement, preferably in his State of the State message, that children and family services in the Department of Social Services, Department of Health, Office of Mental Health, Division for Youth, Division of Alcoholism and Alcohol Abuse, Division of Substance Abuse Services, and the State Education Department will be integrated over the next five years.

- Integration will begin with DSS, OMH, and DFY in Year One.

- During Year One DSS, DFY, OMH will identify all programs in each department that serve children and families and the funding streams which support them.

- Other agencies will be phased into the integrative system over the stipulated period, with all agencies fully participating by Year Five.
- The participating agencies will determine which funding streams are State regulated and which are federally regulated.
- The agencies will remove State barriers to integrated services on a demonstration basis. No change in statute would be required.
- Waivers for integrating federal categorical programs, if necessary, would be requested on an as needed basis. Waivers could be obtained as demonstration support.

Programs which must be analyzed for integrative potential include, but are not limited to:

DSS/Child Welfare	Programs Supported by: Federal IVB and IVE, child abuse prevention, case management in child preventive/protective, Family Support Act/JOBS, PINS Diversion, Title XX, and all Child Care.
DSS/Medicaid/DOH	Programs Supported by: Maternal and Child Health Block Grant, Food Stamps, TASA case management, DOH, WIC, Child Health Plus, EPSDT, IHAP, CHAP, immunization initiatives, TB, lead, school health, family planning, EarlyCare.
DFY	Programs Supported by: YDDP and SDPP, community care, after care, special population treatment and facility maintenance and support.
OMH	Programs Supported by: ICM, family support programs, children and family services, children and youth community-based treatment.
DSAS and DAAA	Programs Supported by: family treatment, youth treatment, prevention and education, at-risk youth, community-based treatment
SED	Programs Supported by: Youth-at-Risk, drop out prevention, special education, Pre-K and 3-5 program, and other relevant programs targeted to at-risk students and their families.

Agency action

- Consolidate participating State agencies' licensing and monitoring units to license, monitor and evaluate the unified programs proposed. This can be designed around the implementation of unified contracts.
- Re-train regional agency staff to understand cross-system imperative, and support integrated services planning at the county level.

- Reorganize current State agency regional offices into single units representing all cooperating agencies, with specific expertise in program areas to help support integrated efforts on the local level. Licensing and monitoring staff would be attached to these units.

- Apply for federal integrative services planning dollars. This would facilitate federal waivers and would place New York State in the forefront of designing integrated services.

- Create a core service menu targeting key services in each of the existing programs. During this process, duplicative goals would be eliminated.

Planning

Armed with the above detailed information on existing programs and program integration planning, the cooperating departments should be able to establish the dollar amount available to fund integrated children's services and family preservation services. Formulae for the distribution of these dollars should be based on the number of multi-problem families identified by the counties.

Identifying core services that must be provided with these dollars and bringing these various funding streams and programs into an integrated plan for funding and service delivery will reduce multiple agency oversight, reduce duplicative contracting, and reduce "comprehensive planning" for single agencies. Providing counties with a required core menu of services that must be delivered to children and families, clear standards for service quality and a budget to support the delivery of all required services, will encourage county-based comprehensive planning, staff sharing, the development of accessible, community-based, multi-program sites, and creative responses to intake, eligibility and services processes.

Forcing agencies at the State and the county level to cooperate with funding, goals and services will create an environment which focuses on the needs of consumers and will, experience shows, produce more cost-effective and service-effective responses to multi-problem, hard to serve families.

Counties would be invited to participate in the integrated services implementation on a volunteer basis for the first two years. Those counties who have made an effort toward integration would receive the initial invitations.

In return for participation, and the enhanced technical support available, counties would be expected to model the integrative service planning agenda set by the cooperating departments. That is, they would be expected to provide the identified core services at the standards required, pool dollars, use unified contracts, and abide by results and recommendations of ongoing rigorous evaluations.

CONCLUSION

A system in chaos

New York State's current public and private non-profit service system for poor and vulnerable children and their families is in chaos. Families are buffeted from agency to agency, from program to program. Eligibility processes must be repeated, documentation duplicated, family interviews with different agency personnel go over the same information time and again. Agencies who share clients do not communicate; they share people but not information. Different units of public agencies often provide children and families with conflicting information and services which are not targeted to their immediate needs.

When challenged, current State agency policy usually is reduced to "You can't be too careful." or "We have separate forms, and different requirements." or "This is the way we have always done it." Yet despite all the duplication, despite all the serious commitment to paperwork, and dotting "I's" and crossing "T's" on forms, people continue to suffer and the systems are becoming less and less able to produce positive impacts.

The system is in chaos. And we are all paying the price.

Each human services agency knows which of its funding streams are used to support vulnerable children and their families as identified within that system. Meshing the systems and the funding streams, creating opportunities for multi-service, culturally sensitive, community-based programs for at-risk families is possible.

The recent explosive cry for help from families in the inner cities, the hopelessness gripping many families in rural communities, and the fear disabling families in suburban neighborhoods, are clear indictments of the gross failure of systems originally created to support the needs of vulnerable children and families. *Business as usual is not working!*

We can and we must create an environment which supports positive change -- positive change for families, positive change for systems, and positive change for the communities we all share. This is our Call to Action!

ENDNOTES

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